



TEXAS DEPARTMENT OF INSURANCE

Division of Workers' Compensation - Medical Fee Dispute Resolution (MS-48)

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MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION

GENERAL INFORMATION

Requestor Name

SOUTH TEXAS RADIOLOGY GROUP

Respondent Name

ZNAT INSURANCE CO

MFDR Tracking Number

M4-17-1533-01

Carrier's Austin Representative

Box Number 47

MFDR Date Received

JANUARY 24, 2017

REQUESTOR'S POSITION SUMMARY

Requestor's Position Summary: "06/29/2016-We initially billed AETNA group Health Insurance as this is the insurance information that was provided at the time of service. The patient was eligible at the time of service. This is a printed copy of the electronic data that was transferred to AETNA...07/22/2016-We received payment from AETNA Insurance...09/01/2016-We received refund request from Aetna stating DOS 6/15/2016 should be billed to Workers Comp. Zenith Insurance Company Workers Comp information was provided..."

Amount in Dispute: \$408.15

RESPONDENT'S POSITION SUMMARY

Respondent's Position Summary: "Pursuant to Rule 133.20(b) and Section 408.027(a), South Texas Radiology Group has forfeited the right to reimbursement due to untimely submission of the medical bills. No payment is due to the provider."

Response Submitted By: The Zenith

SUMMARY OF FINDINGS

Dates of Service	Disputed Services	Amount In Dispute	Amount Due
June 15, 2016	CPT Code 71010-26	\$14.35	\$14.35
	CPT Code 71260-26	\$98.30	\$98.30
	CPT Code 74177-26	\$143.63	\$143.63
	CPT Code 70450-26	\$67.36	\$67.36
	CPT Code 72125-26	\$84.51	\$84.51
TOTAL		\$408.15	\$408.15

FINDINGS AND DECISION

This medical fee dispute is decided pursuant to Texas Labor Code §413.031 and all applicable, adopted rules of the Texas Department of Insurance, Division of Workers' Compensation.

Background

1. Texas Labor Code §408.027, effective September 1, 2007, sets out the rules for timely submission of a claim by a health care provider.
2. Texas Labor Code §408.0272, effective September 1, 2007, provides for exceptions for timely submission of a claim by a health care provider.
3. 28 Texas Administrative Code §133.20, effective January 29, 2009, sets out the procedure for healthcare providers submitting medical bills.
4. The services in dispute were reduced / denied by the respondent with the following reason code:
 - 29-The time limit for filing has expired.
 - 200-Per 133.20, a medical bill shall not be submitted later than the 1st day of the 11th months (<08/31/05) or 95 days (>09/01/05) after DOS.
 - 350-Bill has been identified as a request for reconsideration or appeal.
 - W3-In accordance with TDI-DWC rule 134.804, this bill has been identified as a request for reconsideration or appeal.

Issues

1. Did the requestor support position that the disputed bills were submitted timely?
2. Is the requestor entitled to reimbursement?

Findings

1. According to the explanation of benefits, the respondent denied reimbursement for the services in dispute based upon reason code "29-The time limit for filing has expired."

Texas Labor Code §408.027(a) states, "A health care provider shall submit a claim for payment to the insurance carrier not later than the 95th day after the date on which the health care services are provided to the injured employee. Failure by the health care provider to timely submit a claim for payment constitutes a forfeiture of the provider's right to reimbursement for that claim for payment."

The respondent wrote "For disputed date of service 06/15/2016, Zenith received the original bill on 09/23/2016. 95 days from the date of service is 09/18/2016."

The requestor wrote "06/29/2016-We initially billed AETNA group Health Insurance as this is the insurance information that was provided at the time of service."

Texas Labor Code §408.0272(b)(1) states "Notwithstanding Section 408.027, a health care provider who fails to timely submit a claim for payment to the insurance carrier under Section 408.027(a) does not forfeit the provider's right to reimbursement for that claim for payment solely for failure to submit a timely claim if: (1) the provider submits proof satisfactory to the commissioner that the provider, within the period prescribed by Section 408.027(a), erroneously filed for reimbursement with: (A) an insurer that issues a policy of group accident and health insurance under which the injured employee is a covered insured; (B) a health maintenance organization that issues an evidence of coverage under which the injured employee is a covered enrollee; or (C) a workers' compensation insurance carrier other than the insurance carrier liable for the payment of benefits under this title."

The requestor submitted a copy of a report from Availity that supports claim was sent to Aetna on June 29, 2016. Aetna paid the bill. The date of service is June 15, 2016; therefore, the requestor submitted the bill timely; therefore, the requestor supported position that reimbursement is due because the bill was submitted timely to an insurer that covered the injured employee. Based upon the submitted documentation the division finds that the requestor meets the exception per Texas Labor Code §408.0272(b)(1) (A). As a result, reimbursement is recommended.

2. 28 Texas Administrative Code §134.203(a)(5) states "Medicare payment policies" when used in this section, shall mean reimbursement methodologies, models, and values or weights including its coding, billing, and reporting payment policies as set forth in the Centers for Medicare and Medicaid Services (CMS) payment policies specific to Medicare."

Per 28 Texas Administrative Code §134.203(c)(1)(2), "To determine the MAR for professional services, system participants shall apply the Medicare payment policies with minimal modifications.

(1) For service categories of Evaluation & Management, General Medicine, Physical Medicine and Rehabilitation, Radiology, Pathology, Anesthesia, and Surgery when performed in an office setting, the established conversion factor to be applied is \$52.83. For Surgery when performed in a facility setting, the established conversion factor to be applied is \$66.32.

(2) The conversion factors listed in paragraph (1) of this subsection shall be the conversion factors for calendar year 2008. Subsequent year's conversion factors shall be determined by applying the annual percentage adjustment of the Medicare Economic Index (MEI) to the previous year's conversion factors, and shall be effective January 1st of the new calendar year. The following hypothetical example illustrates this annual adjustment activity if the Division had been using this MEI annual percentage adjustment: The 2006 Division conversion factor of \$50.83 (with the exception of surgery) would have been multiplied by the 2007 MEI annual percentage increase of 2.1 percent, resulting in the \$51.90 (with the exception of surgery) Division conversion factor in 2007."

To determine the MAR the following formula is used: (DWC Conversion Factor/Medicare Conversion Factor) X Participating Amount = Maximum Allowable Reimbursement (MAR).

Review of Box 32 on the CMS-1500 the services were rendered in zip code 78209, which is located in San Antonio, Texas; therefore, the Medicare participating amount is based on locality "Rest of Texas".

The 2016 DWC conversion factor for this service is 56.82.

The 2016 Medicare Conversion Factor is 35.8043.

The requestor billed all codes in dispute with modifier -26 for professional component.

Using the above formula, the Division finds the MAR is:

CODE	MEDICARE PARTICIPATING AMOUNT	MAR or less Billed Amount	IC PAID	AMOUNT DUE
71010-26	\$9.04	\$14.35	\$0.00	\$14.35
71260-26	\$61.94	\$98.30	\$0.00	\$98.30
74177-26	\$90.51	\$143.63	\$0.00	\$143.63
70450-26	\$42.45	\$67.36	\$0.00	\$67.36
72125-26	\$53.25	\$84.51	\$0.00	\$84.51

Conclusion

For the reasons stated above, the Division finds that the requestor has established that reimbursement is due. As a result, the amount ordered is \$408.15.

ORDER

Based upon the documentation submitted by the parties and in accordance with the provisions of Texas Labor Code Sections 413.031 and 413.019 (if applicable), the Division has determined that the requestor is entitled to additional reimbursement for the services involved in this dispute. The Division hereby ORDERS the respondent to remit to the requestor the amount of \$408.15 plus applicable accrued interest per 28 Texas Administrative Code §134.130, due within 30 days of receipt of this Order.

Authorized Signature

Signature

Medical Fee Dispute Resolution Officer

02/16/2017

Date

YOUR RIGHT TO APPEAL

Either party to this medical fee dispute has a right to seek review of this decision in accordance with 28 Texas Administrative Code §133.307, effective May 31, 2012, 37 *Texas Register* 3833, **applicable to disputes filed on or after June 1, 2012.**

A party seeking review must submit a **Request to Schedule a Benefit Review Conference to Appeal a Medical Fee Dispute Decision** (form **DWC045M**) in accordance with the instructions on the form. The request must be received by the Division within **twenty** days of your receipt of this decision. The request may be faxed, mailed or personally delivered to the Division using the contact information listed on the form or to the field office handling the claim.

The party seeking review of the MDR decision shall deliver a copy of the request to all other parties involved in the dispute at the same time the request is filed with the Division. **Please include a copy of the *Medical Fee Dispute Resolution Findings and Decision*** together with any other required information specified in 28 Texas Administrative Code §141.1(d).

Si prefiere hablar con una persona en español acerca de ésta correspondencia, favor de llamar a 512-804-4812.